

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. 10/619 910  
APPLICANT(S) /

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12	1		1			
13		1		1		
14		1		1		
15	1		1			
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20		1		1		
21	2		2			
22	1		1			
23	1					
24	1		1			
25		1		1		
26		1		1		
27			1			
28			1			
29			1			
30			1			
31			2			
32						
33						
34						
35			1			
36						
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42						
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2		4			
TOTAL DEP.	12		11			
TOTAL CLAIMS	14		25			

	IND	DEP		IND	DEP		IND	DEP
51								
52								
53								
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								